

State of Nebraska - Department of Health and Human Services Finance and Support - VITAL RECORDS		
MARRIAGE WORKSHEET		
1. GROOM - Name (First, Middle, Last, Suffix)		2. AGE
3a. COUNTRY	3b. STATE	3c. COUNTY
3d. CITY, TOWN OR LOCATION	3e. RESIDENCE - Street and Number	3f. ZIP CODE
4. BIRTHPLACE (City and State or Foreign Country)		5. DATE OF BIRTH (Mo., Day, Yr.)
6a. FATHER'S - Name (First, Middle, Last, Suffix)		6b. BIRTHPLACE(City and State or Foreign Country)
7a. MOTHER'S - Full Maiden Name (First, Middle, Last, Suffix)		7b. BIRTHPLACE(City and State or Foreign Country)
8a. BRIDE - Name (First, Middle, Last, Suffix)		8b. MAIDEN NAME (If different)
		9. AGE
10a. COUNTRY	10b. STATE	10c. COUNTY
10d. CITY, TOWN OR LOCATION	10e. RESIDENCE - Street and Number	10f. ZIP CODE
11. BIRTHPLACE (City and State or Foreign Country)		12. DATE OF BIRTH (Mo., Day, Yr.)
13a. FATHER'S - Name (First, Middle, Last, Suffix)		13b. BIRTHPLACE(City and State or Foreign Country)
14a. MOTHER'S - Full Maiden Name (First, Middle, Last, Suffix)		14b. BIRTHPLACE(City and State or Foreign Country)
CONFIDENTIAL INFORMATION: INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THIS RECORD.		
15. SOCIAL SECURITY NUMBER - Groom		15b. SOCIAL SECURITY NUMBER - Bride
16. If previously married, last marriage ended either by -		
Groom: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment		Date Marriage Ended (Mo., Day, Yr.) _____
Bride: <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment		Date Marriage Ended (Mo., Day, Yr.) _____
17a. Is Husband of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		17b. Is Bride of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race		
18a. Husband		18b. Wife
Check one or more races to indicate what each person considers him/herself to be		
<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>
<input type="checkbox"/>	Asian	<input type="checkbox"/>
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>

A certified copy of the marriage license is required for things like the bride changing her name for Social Security purposes, and often for life insurance, car insurance, and professional licenses. The cost of a certified marriage license is \$5.00, this is in addition to the \$15.00 for the marriage license fee, for a total of \$20.00.

Do you want a certified copy sent to you once it is filed in our office? Yes No

The address we should mail it to: _____

